Hepatitis A Vaccination Priority Levels for Hospital Personnel in Response to the Hepatitis A Michigan Outbreak*

Recommendations from the Michigan Department of Health and Human Services¹

| Priority Level | Definition of Hospital Priority Groups Tiers ² | Public Health Vaccination Efforts ^{3,4} |
|--|---|--|
| Tier 1: Post exposure prophylaxis | Post exposure prophylaxis for anyone with identified direct exposure to patient with HAV (statewide recommendation) | Hospital personnel in this tier are recommended to receive vaccine or IG within 14 days of exposure managed by hospital occupational health. |
| Tier 2A: Direct patient care | Hospital emergency department providers, nurses, and techs Medical/Surgical staff (where hepatitis A patients may receive care) Intensive Care providers and staff who are in close contact with patients who have hepatitis A Other staff who have frequent contact with patients who are homeless or use illicit drugs (injection and non-injection) | Hospital personnel in this tier are recommended to receive hepatitis A vaccine as soon as available. |
| Tier 2B: Those working in patient care areas | Environmental services staff Security who provide direct services in emergency department, urgent care, or inpatient units Hospital food handlers and food service workers⁵ | |
| Tier 3: Those who may come in contact with hepatitis A virus | Laboratory personnel with direct patient contact (e.g. phlebotomists) | Hospital personnel in this tier are not considered to be the highest risk group at this time, but can be offered hepatitis A vaccine. |
| Tier 4: Those not in close contact with patients | General laboratory personnel Office personnel All other personnel | Hospital personnel in this tier are not indicated to receive hepatitis A vaccine at this time. |
| Tier 5: Those working outside of the outbreak area ² | ALL hospital personnel working in hospitals outside of the outbreak area* | Hospital personnel in this tier are not indicated to receive hepatitis A vaccine at this time. |

¹Encourage continued use of standard precautions focusing on hand washing.

²These are recommendations and should be tailored based on hospital risk assessment; as vaccine supply changes, these recommendations may be updated. If hospitals from outbreak associated jurisdictions routinely refer cases to hospitals in non-outbreak jurisdictions, these non-outbreak associated facilities should be assessed as equivalent to a hospital within an outbreak associated jurisdiction.

³Those who are routinely recommended to receive hepatitis A vaccine should receive hepatitis A vaccine regardless of outbreak vaccination strategy.

⁴Hepatitis A vaccinations provided to healthcare personnel should be billed to their private insurance, if available.

⁵Hospitals may have a policy in place for vaccinating food handlers against hepatitis A; these recommendations do not supersede any hospital policies.

^{*}For a list of current jurisdictions included in the outbreak area, please see: www.michigan.gov/hepatitisaoutbreak